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REPORT OF CASES IN THE U. S. MARINE HOSPITAL, CHELSEA.

BY CHARLES H. STEDMAN, M.D. SURG. OF THE INSTITUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you an abstract of the cases of disease which have been under treatment in the U. S. Marine Hospital during the quarter ending with the 30th of September—together with a few notes on the treatment of some of the cases. I have a hope that in this manner I may direct the attention of physicians towards this institution, which has for a long time been comparatively unknown. And I would also respectfully request my professional brethren to visit this establishment whenever it may suit their convenience or inclination; assuring them that while under the weight of my present responsibilities, nothing will be more grateful to me than their kind counsel or reproof.

Table of admissions into the U. S. Marine Hospital from July 1st to Oct. 1st, 1836.

Anæmia or Bloodlessness,	1	Fracture of leg, (tibia),	-	2
Cataract,	-	do. fore arm, (radius),	-	1
Colic, Painter's,	-	do. arm,	-	1
Condylomata,	-	do. collar bone,	-	1
Consumption,	-	Finger torn off,	-	1
Delirium Tremens,	-	Gonorrhœa, (2 with Ophthalmia),	-	8
Diarrhœa, chronic,	-	Gangrene of Lungs,	-	1
Dislocation of Humerus,	-	Herpes Phlyctenodes,	-	1
Dropsy, general, (Anasarca),	1	Impetigo sparsa,	-	1
do. of testicle, (Hydrocele & Hæmatocele),	-	Inflammation of Bronchia, acute,	-	2
Dysentery, acute,	-	do. do. chronic,	-	1
do. chronic,	-	do. Eyes, acute,	-	1
Dyspepsia,	-	do. do. chronic,	-	1
Emphysema of Lungs, hemorrhage from bowels, &c. &c.	1	do. Liver, acute,	-	2
Eye destroyed,	-	do. Lungs,	-	3
Felon, (Paronychia),	-	do. Pituitary membrane,	-	1
Fever, Bilious Remittent,	-	do. Stomach, acute,	-	1
do. Continued, alias Typhus,	9	do. Testicles,	-	1
do. Intermittent,	-	do. Tonsils,	-	1
do. Miliary,	-	do. Veins of legs, (Phlebitis),	-	1
Fracture of thigh bone,	-	Injuries, Bruises,	-	7

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Injuries, Lacerated wounds,	3	Spitting of blood,	-	-	1
do. sprained ankle,	-	Stricture of urethra,	-	-	1
Jaundice,	-	St. Vitus's Dance,	-	-	1
Mercurial disease, (ptyalism, &c.),	6	Syphilis, Primary,	-	-	25
Necrosis, (death of thigh-bone),	1	do. Secondary,	-	-	5
Oedema cum Erythematæ,	2	Tabes Mesenterica,	-	-	1
Palsy, (Hemiplegia), followed by		Ulcers, Indolent, (1 leg ampu-			
Apoplexia,	-	tated),	-	-	4
Psoriasis inveterata,	-	do. Sloughing,	-	-	4
Rheumatism, acute,	5	do. Varicose,	-	-	1
do. chronic,	7	do. of Cornea,	-	-	1
Sciatica,	-	White Swelling, (thigh ampu-			
Scrofula,	-	tated),	-	-	1
Scurvy,	-				
Spinal irritation,	1	Total,	-	-	175

Of this number, died, viz.

Of Palsy, followed by Apoplexia,	-	-	-	-	1
Fracture of thigh, ribs, compression of brain, and delirium tremens,	1				
Tabes Mesenterica,	-	-	-	-	1
Gangrene of Lungs,	-	-	-	-	1
Bilious remittent fever,	-	-	-	-	1
					5
Cured,	-	-	-	-	100
Relieved,	-	-	-	-	22
Remaining,	-	-	-	-	48
Total,	-	-	-	-	175

It will be perceived by this table that there have been several cases in the house of much interest to both physician and surgeon. Some of these have been such as are of rare occurrence in our vicinity, and are chiefly to be found among those persons whose business takes them to a southern latitude. Others are such as never commence among us, but owe their origin to the peculiar circumstances attending a seafaring life. While others, a large proportion, are the offspring of an impure connection with the opposite sex.

Pursuing the alphabetical order observed in drawing up the above table, I propose to make a few remarks on some of the most important diseases therein named. And first, I would observe, that consumption, that dread intruder over almost every threshold, is a frequent visiter to this place; two thirds, nearly, of all the deaths during the last eight years, having arisen from this hitherto irresistible and irremediable scourge.

The one case of delirium tremens (a disease formerly very prevalent in this hospital, but which, it gives me great pleasure to state, is now seldom found here), yielded, as by a charm, to the antimon. tart. "à haute dose."

The number of cases of bilious remittent fever has been in the same proportion as usual at this season; but the number of deaths has been

much less. It has heretofore been the most fatal of any acute disease coming into the house. The single death that occurred took place in the early period of the fever. And sorry am I to say that my favorite method of treatment in the stage of collapse failed entirely in answering the intended purpose. Of this method I shall now speak.

In one very severe case of bilious remittent fever, while the patient was in a state of collapse, nearly pulseless, with a cadaveric countenance, eyes rolled up and fixed, subsultus tendinum, and to all appearance dying, and so pronounced to be by Drs. H. Greene, of Franklin st., and H. G. Clark, of Hanover st., who were present at the time, an enema of equal parts of brandy and water having been administered, was followed in three minutes by reanimation and general reaction, and from the same time by gradual convalescence. This first subject of the new treatment who became thus wonderfully changed in his outer man, had been attacked with the severest form of bilious remittent fever, and was, as I have since been informed, the sole survivor of the brig William. This remarkable result may scarcely seem credible to any one on first thought—and indeed I was much in doubt whether the means I employed had been the necessary cause of this success, or whether unaided nature would not thus almost miraculously have preserved the patient. And it was not until a second opportunity offered for making the same experiment, and the same happy result had taken place, that I awoke to the full importance of this method of treatment.

After this occurrence, I was informed by a relative of the Rev. Mr. Sutton, the well-known and highly respected missionary to India, that during the prevalence of the cholera in India, while every case of the disease treated in the ordinary method of the native inhabitants terminated fatally, Mr. Sutton's own treatment by spirituous enemas thrown up the rectum in the stage of collapse, was always followed by complete success. You may well imagine, Mr. Editor, what cordial support this new fact gave to my own views of management in similar cases. And you must know, that I have omitted no opportunity of making use of the same remedy when occasion seemed to demand it. I am entirely convinced that through this important means, four patients (one with typhus, and three with bilious remittent fever) have been rescued from the grasp of death.

The customary method of conducting cases of bilious remittent fever has consisted in the administration of the saline powders, according to the views entertained by Stevens in his work on the blood. These powders have seemed to exert more influence over the morbid action in these cases than any other medicines. The use of calomel has not been proscribed, neither has it been neglected whenever there was the most remote chance of a beneficial effect being produced by it. With the exception of having resorted to these two remedial agents, the treatment of bilious remittent fever has been nearly like that of typhus as mentioned below.

The cases of continued or typhus fever, with two or three exceptions, have been of a mild character, running their course without the manifestation of any local disease of severity.

It may be considered a singular fact, and one not easily accounted for, that in the seven and a half years during which I have resided in this institution, not a solitary case of continued or typhus fever has resulted in death. The number of cases during that period has been not less than 200. Among these, almost every feature of the disease has been presented. Certain it is, many a patient has been brought here in what would be considered by our most experienced practitioners the final and fatal stage of fever, but have entirely recovered before leaving the house.

To what shall we ascribe this happy immunity from death? To the treatment? By no means. That has been nearly as varying as the human countenance. The treatment, however, has been more simple and less perturbing within the two or three years past than before. The bowels are now rarely moved by cathartics or laxatives; and enemata of salt and water only are used when the bowels become tumid, flatulent, painful or confined. Few-and-far-between doses of tart. antimon. or sup. carb. sodæ are occasionally administered. Sinapisms to the abdomen, nape of the neck, and to the feet, are common applications in all cases of fever. Cold spirituous lotions, leeches, and sometimes blister plasters, are directed in such cases as are accompanied with symptoms of cerebral disturbance. In a word, as far as possible the *abstraction of all stimuli* has been my motto in the treatment of typhus fever.

To what cause, as asked before, can we ascribe the above noted remarkable fact? The house has not been, neither can be, properly ventilated. The temperature, owing to the imperfect construction of the house and the furnace by which it is (or rather should be) heated, varies, to speak without very great exaggeration, much like the weather. Cleanliness, for obvious reasons, is not a virtue among such patients as resort to this place; though every endeavor is made to obtain an end so desirable. It will be seen, therefore, that instead of surviving the severity of typhus, every patient so afflicted should have been in duty bound to die; either of too much air, or else of such as would be very unfit for the purposes of respiration; or from want of cleanliness; or from experiments made in the early part of my practice; or from want of medicine in the latter part.

The only constant condition accompanying the residence of a patient under this roof, is that of his being enveloped in the fumes of tobacco; and either having a cigar (vulgo, "long nine"—for a true sailor will smoke nothing else or less) protruded from his mouth, or a portion of the same plant protruding through his cheek and undergoing the all-absorbing process of mastication. From the smoke of tobacco, certainly, the house is never free; and, moreover, few are the patients who are prevented by severe disease or other causes from chewing this plant. Indeed, often has "poor Jack" carried this his last and perhaps his best friend with him to the grave. May it not be—and I ask the question as an inquirer after truth, not as a friend to tobacco, for I use it not, neither do I advise its use under any circumstances—may it not be that this constant fumigation and habitual use of tobacco has had the effect, in some manner, of obviating the customary mortality of typhus fever? Should the fact appear to you of any importance, and should you or

any of your readers know of similar facts attended by similar circumstances, I trust they will be produced; or if such are recorded, I shall consider it a special favor to have my attention called to that work in which they may be found.

Intermittent fever, the most common of the fevers to be found here, is treated with the sulphate of quinine. No pure uncomplicated case of this fever has proved fatal since I have been attached to this institution. One individual was attacked with intermittent fever, and soon after with delirium tremens, and died. During the cold stage of the fever the peculiar characters of delirium tremens were manifested in their utmost intensity. And it was in this stage that death seized the patient. One other case, which was combined with anasarca, terminated fatally. These are the only cases I now recollect that have not been arrested or cured. Venesection has been resorted to in the cold stage of this fever in some cases; the effect of which was to arrest the chill at the moment the blood commenced running in a stream. No further benefit was apparently produced by venesection. The paroxysms were no longer delayed, nor were they on their return less severe; and quinine was found to be as useful and necessary in these cases, as in those in which blood-letting was not practised.

Pneumonitis and pleuritis have of late been treated with antimony in large doses, and uniformly with success. Venesection and vesication are not much relied on, although frequently resorted to as adjuvants to the antimony.

Seven of those U. S. Navy seamen who were injured on the Boston and Providence railroad in the month of June last, were brought to this hospital immediately after the accident. One of them had a fracture of the thigh, one a fracture of the fore arm, one a fracture of the clavicle, and one a severe lacerated wound on the calf of the leg, which through sloughing terminated in the loss of a large portion of the soft parts of the leg. This patient, James Thompson by name, aged 64 years, entered the U. S. service in 1798 under Commodore Truxton, and has, with the exception of two years spent in privateering, remained in that service to the present time. During all this period he has been present in several engagements; in that between the *Constellation* and *L'Insurgente*, the *Constellation* and *La Vengeance*, the *Constitution* and *Java*, besides being present at the taking of two prizes while engaged in privateering; and, wonderful to relate, he never had received a wound of any description until his unhappy accident on the railroad. When apparently about to die under an attack of hectic fever, arising from the injury, he observed coolly, it was very hard that he who had been so often exposed to every danger at sea, should so suffer from wounds received on board a "land craft;" and that had such an accident befallen him while at sea, he should have cared little for it.

The three other seamen injured at the same time were severely bruised, but were not long disabled.

It is but justice to observe, in this place, in answer to the charges against the President and Directors of the B. and P. railroad, that the President and two Directors of that company made frequent visits to

these patients; always calling on me, and requesting permission to see them in company with me. No advantage was attempted for a moment to be taken with any of these men, nor was the most distant allusion ever made, in their conversation with them, to any compensation or amount of damages. Never having had any acquaintance with either of these gentlemen until the past season, it would be absurd for me to pass an opinion on their character or motives; still I may be allowed to assure the public that the most scrupulous delicacy and kindness was observed by them in all their intercourse with those suffering men. At the Navy Yard, as I am informed by Dr. Ticknor, Surgeon U. S. N., the same attention and the same honorable conduct was manifested towards those men injured on the railroad as was observed here.

The case of palsy (hemiplegia) was remarkable from the fact, that though the patient (a man 30 years of age) was deprived of all voluntary power in the exercise of his left arm, yet when he yawned, the limb was raised involuntarily, and with such force that he could not depress it by the application of the other arm to it. The patient was accustomed to say that he seemed to himself, at these times, to be raising a 56 lb. weight. A similar case, and perhaps the only other on record, is related in the 48th No. page 569, of Johnson's *Med.-Chirurgical Review*. In the latter case the fore arm only was raised in the act of gaping or sneezing. In the case under my care, the whole arm was thus extraordinarily moved in the act of gaping and not of sneezing. This patient seemed fast recovering the proper use of his limbs, when, soon after having secretly brought some spirituous liquor into the hospital, he was seized with apoplexy and expired immediately.

Acute rheumatism has yielded, without much difficulty, to colchicum employed without the addition of any other medicine. The form of the preparation is that of the powdered seeds; three or four grains of which are administered every fourth hour until free purgation is effected, at which time the patient is uniformly and decidedly relieved. Whenever any recurrence of the painful paroxysms is felt, the colchicum is again resorted to, but in smaller doses, and is continued until the inflammatory process is extinguished. The prussic acid invariably checks the nausea and vomiting occasioned by the exhibition of colchicum, without impeding its purgative action.

Primary syphilis has, for the last six years, been treated on the anti-phlogistic plan, with a very few exceptions. Mercury has seldom been made use of. And the cure has been easily effected in all cases where the patient has submitted to the necessary restrictions in diet and regimen. Mercury has been administered to such syphilitics only as could not be controlled in the indulgence of their appetites; and no cases of secondary disease have arisen in the house, that could not readily be accounted for by such indulgence, or by the use of mercury previous to the patient's entrance in the hospital. It is my decided opinion that many of those cases marked in the table as secondary syphilis, owe their existence to neglect or maltreatment, or else to undue exposure to the vicissitudes of the weather after a course of mercurial quackery.

Lint kept constantly wet with a weak solution of the chloride of soda,

and often changed, has been the usual application to the sores, whether chancres, abrasions, or ulcerated buboes. Creosote, in some more obstinate cases, has seemed to have exerted peculiar benefit. Buboes, in their incipient stage, have been frequently discussed by cold stimulating lotions. But the most efficacious remedy has been the ceratum cantharidum applied over the tumor, and followed by repeated dressings of ceratum sabinæ. Another means has been that of renewing the ceratum canth. itself after the lapse of two or three days, and repeating it as soon as cicatrization had commenced. This method, even where suppuration has been established and an opening formed, has seemed to shorten the whole process of inflammation. Usually, however, a common bread and water poultice has been the principal application, where profuse suppuration has taken place in bubo. On the entrance of a patient with primary syphilis, with plethoric habit, venesection and free purgation, with the lowest diet, have been directed. Frequent saline laxatives and a low diet have been resorted to in all cases during the violence of the symptoms.

Cases of secondary syphilis have been treated according as one or another form of it presented. Secondary eruptions of the skin have in general yielded to the sulphur bath, assisted by lotions of chloride of soda or by the ointment of the ioduret of sulphur. Ulcerations have healed under lint wetted with chloride of soda, and covered with a poultice. Nodes have in every case vanished under the use of blisters: the irritation occasioned by which having been kept up by dressings of savin cerate, continued until the swelling has entirely subsided. The nocturnal pains, and all the other pains accompanying secondary syphilis, have been relieved (oftentimes immediately and completely) by the exhibition of the hydriodate of potass as lately recommended by Robert Williams, M.D. in vol. xiv. p. 39 of the London Medical Gazette.

SINGULAR CASE OF LOOSE CARTILAGES IN THE KNEE JOINT.

BY DANIEL M'RUER, M.D. BANGOR, ME.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. WHITTIER, of Corinth, in this State, aged about 30 years, and of a phlegmatic habit, was induced to consult me by the advice of her attending physician, Dr. Fuller, on account of a lameness occasioned by a diseased enlargement of the left knee joint, of upwards of fifteen years standing; and which has prevented her, for the last three or four years, from attending to her domestic duties, without great pain and inconvenience. Upon examination, I found it to be one of the most extraordinary (judging from the number) cases of loose cartilages, that I have seen in practice, or met with in authors, and as her situation in life made it necessary for her to obtain relief, even at a risk, I recommended an operation, to which she assented; and a few days afterwards, with the assistance of Dr. F. I extracted from her knee *thirty-four* cartilaginous

bodies, the largest measuring, in its longest diameter, one inch and a quarter; in its shortest, three fourths of an inch; and in thickness, one half inch. The others very gradually decreased in size, until the smallest approached to that of a large garden pea. The incision was made one inch and a half in length, on the inner side of the joint; there was about three ounces of synovia escaped, of an unusual thick consistence. The patient was placed in bed, and the leg supported with pillows, in a slightly flexed position, previous to the operation (that being the usual and most easy position of the limb), and was not moved for four or five days after.

Since the operation, she has been under the care of Dr. F., from whom I learned, ten days after, that she was doing well; having had a little local inflammation, or general irritation, as ought to be expected from an irksome confinement.

From the very definite account which Mrs. W. gives of the growth of the cartilaginous bodies *during their loose state*, and from the fact that one of them exhibits another (smaller) united to it by a tendinous attachment, I am disposed to question the correctness of their pathology as given by Hunter, Cruickshank and Brodie, namely, that their growth only continues while they remain in immediate contact with the synovial membrane, but suppose that they may possess a kind of *organic vitality* after their separation, having acquired during their early formation an absorbing surface; and even that one may become the *excrescence-like* production of another.

A remarkable feature in this case, is the fact that so little inflammation or irritability followed the operation; which can only be explained by supposing that the parts had been so long habituated to the irritation of the morbid bodies, that their animal and organic sensibilities were blunted.

Bangor, Me. Nov. 6, 1836.

ON THE NATURE AND TREATMENT OF CALCULOUS DISEASES.

BY BENJAMIN W. DUDLEY, M.D. LEXINGTON, KY.

[Concluded from page 239.]

IN performing the operation of lithotomy, it is always desirable with me to reach the groove in the staff, while this instrument is firmly held in a perpendicular attitude by the assistant; care being taken not to incline it either way from the centre of the perinæum. The instruction of some surgeons who require that the convexity of the staff be made prominent in the left side of the perinæum, in order that the incision shall be directed directly upon it, appears to me to be the result of false reasoning upon the subject.

An opening more central in the perinæum secures, to a greater extent, the facility of using forceps in the extraction of the stone; and after the patient is placed in bed, there is an advantage in the strait-lined character of the wound, from the superficies to the bladder. The neck of the

bladder is equidistant from either ischium, and as there is nothing in the anatomy of the parts, which can forbid an incision being made to correspond with it, there should be no hesitation about adopting this manner of operating; especially when it is known to offer greater protection to the pudic artery, and also to furnish a more direct opening for the escape of urine, whereby the patient is maintained more secure against the consequences of infiltration.

The fear of injuring the rectum should not be urged as a reason for protruding the staff into the left side of the perinæum in the operation of lithotomy, inasmuch as different causes, not to be counteracted, all in the same manner, conduce to throw the bowel more or less in the way of the scalpel. Among children, who from bowel complaints, or the distress occasioned by the calculus, become the subject of prolapsus ani, the rectum is in danger in the operation, and often requires to be held out of the way by the left hand of the surgeon, while he is engaged in making the incision into the groove of the staff with his right. This part of the operation being completed, it is conceived that no danger is incurred in the use of the gorget, which instrument is conducted into the bladder by a forward movement of the right hand, and a reverse motion with the left, which commands the staff. By a happy association of these powers, bearing in mind at the moment of execution the inclinations of the under and upper strait of the pelvis, the surgeon cannot under any circumstances be defeated, nor the patient put in danger by a wound of parts not necessary in the operation.

The propriety of having due regard to the axes of the superior and inferior straits of the pelvis, in all examinations of the organs therein contained, and in the operations to be performed upon them, will scarcely be questioned. It is but a short time since a gentleman travelled from a distant quarter of the Union by the advice of one of the most distinguished physicians of the State in which he lived, in order to be operated upon for *calculus in the bowels*; bringing with him the instruments, including *sound, forceps, &c.*, with which repeated efforts had been made by his physician to remove the supposed calculus. Such an error could only have been committed by one who had failed to attend to the axis of the inferior opening of the pelvis, and who, most probably, mistook the resistance his instruments encountered in the concavity of the sacrum, for a stone in the bowel. The patient had been the subject of deranged digestive organs, with difficulty in maintaining the freedom of his bowels. Being himself a physician, the introduction of his own instruments very far beyond the imagined locality of the calculus, which had not been previously done, together with some explanation given of the peculiarity of his situation, enabled me to satisfy the patient of the error that had been committed; and by the use of appropriate diet and medicine he regained his health in a few months.

There is another state of the soft parts, which renders the operation of lithotomy hazardous, and in which nothing can be gained by throwing the convexity of the staff into the left perinæum. In emaciated habits the perinæum becomes a concavity, of which the anus is the centre; and the inclination of the integuments from the tuberosity of the ischium to

the constrictor ani, causes great difficulty in guarding the pudic artery from being wounded on the one hand, and the rectum on the other. The operation being performed in such cases across an inclined plane, the safety of the parts is preserved only by *drawing off the rectum with the fore-finger of the left hand, at the moment the incision is made with the scalpel in the right*—a precaution which the deliberate and cautious operator will not fail to observe, and without which the rectum is in the utmost danger of being wounded.

But after all that may be said in favor of particular modes of operating, and of the instruments to be preferred, it is by experience alone that this question must be decided, and hence the value of faithful records. With the exception of two who were operated upon in Tennessee, one on the banks of the Cumberland, one near Bardstown, one near Richmond, and one in Paris, Ky., all the cases to which allusion has been made in this paper, were attended to in Lexington. One hundred and twenty of this number occupied the same apartments, and were under the charge of the same nurse. The remaining seven were operated upon, and attended to, in different parts of the city.

Out of the entire number, on whom the operation has been performed, four individuals failed to enjoy its benefits. One died of *pleurisy*, the consequence of laying off his flannel and exposing himself too early after leaving his bed. The second from *abscess of the kidney*, with great swelling in the lumbar region, which was thought, possibly, to originate in an obstruction of the ureter, and might therefore be relieved by the removal of the calculus from the bladder. The case being interesting, it is here related at length: The patient, a young man from Bardstown, had been the subject of stone from his earliest infancy, and for the last two years had suffered much from pain and weakness in the small of his back. A few months before coming to Lexington, an extensive swelling became manifest in the right lumbar region. Upon the first examination of this case it was clearly ascertained that the swelling contained a fluid. The integuments over it were neither morbidly sensitive, nor discolored; and in the absence of symptoms indicating clearly the nature of the fluid, it was thought that the stone in the bladder might possibly have obstructed the ureter of that side, and caused a great enlargement of the ureter and pelvis of the kidney. Parallel cases had been met with in the gall-bladder, which strengthened somewhat this doubtful opinion.

Accordingly after a few days bestowed upon the preparatory treatment of the patient, the operation was performed, and a calculus of some magnitude was extracted, without, however, in any respect changing the swelling in the back. The wound in the bladder closed in a week, but in a few days after that, the patient was attacked with diarrhœa, irregular fever, and copious perspirations, which resisted all the remedies that were resorted to, and in fifteen days more he died. Permission was obtained to examine the body. An incision directed upon the centre of the swelling exposed a cavity, that reached from the root of the liver to the bones of the pelvis, the walls of which were made up of peritoneum greatly thickened, and of the integuments of the side, and lumbar region;

the muscles having been absorbed. The kidney of that side was entirely absorbed, and the sac contained one gallon measure of pure pus.

The third died from *inflammation of the kidneys*, supervening on the tenth day from the operation, with entire suspension of urinary secretion, and death on the 17th. The following are the particulars of this case. A large muscular man, from Bourbon county, submitted to the operation of lithotomy, and had a stone taken from him of moderate size. No occurrence during the operation took place, nor was there any thing in reference to the general condition of the patient, in any respect calculated to excite doubts about his speedy recovery. Accordingly by the seventh day from the operation, the bladder closed, and the urine resumed the proper outlet. But in about three days, on the fourth day after the wound of the bladder healed, he complained of passing no urine, and never after passed a drop from his bladder; while the secretion by the kidneys was manifestly suspended. In six and thirty hours, fever supervened, and shortly after his person and bedding became offensive with a urinous odor. For four days he was the subject of more or less delirium, and lastly died comatose.

The fourth one died from disease of the liver; and one from disease of the liver and digestive organs, after a protracted illness. No one has ever died in my charge before the bladder had closed, or within the ordinary period required for the healing of that organ.

The time required to perform this operation is a subject worthy of particular attention. All unnecessary delay in the execution of one so important in its consequences, and in which the position of the patient is so distressing, should be guarded against as much as possible; but the conduct of the operator cannot be otherwise than highly censurable, who should exert himself more with a view to rapidity in the execution, than safety in the result. Sir Astley Cooper observing a pupil on one occasion to hold his watch, in order to ascertain the time employed in the operation of lithotomy, turned to his class after having completed it, and observed, that while it was executed in two and a half minutes, that circumstance afforded but little evidence of skill in the operator, or of safety on the part of the patient.

In the discharge of his duty, the surgeon must occupy time in proportion to the difficulties to be encountered, while he is most worthy of confidence, who, in cases of unexpected embarrassment and dangers, is most prompt in the application of rational correctives. There are to be found among surgeons, as well as in other classes of society, men whose hand, and whose intellect, are palsied by sudden, unforeseen, and hazardous occurrences; as there are others whose senses, under similar circumstances, become more acute, whose minds draw with rapidity upon untried resources, and whose reasoning is like an intuitive impulse. To this latter class, society is indebted for the higher achievements in the profession. The operation of lithotomy is often performed safely, in the time occupied by Sir Astley Cooper, but it can only be executed with such rapidity upon the most favorable description of patients.

In six different instances, I have operated on two patients, in immediate succession, and did not with any couple occupy more than twenty

minutes; including all the time bestowed upon the preparations for the second, after the first patient was removed from the table. On one occasion, three subjects were ready for the operation at the same time. One, a man of sixty, another of seventy-five, and the third a boy ten years of age, all of whom were operated upon in the same chamber, in less than forty minutes, including the time engaged in making preparation for each. At another time, three were ready; and when two of them had been operated upon, the third could not be found, having absconded from fright; otherwise it is possible the whole number might have been placed in bed in less time than the first.

There can be no doubt that patients are lost from exhaustion, occasioned by the unreasonable time consumed in the operation, as well as from heedless rapidity in its execution, wherein the safe limits for the incision in the perinæum and bladder are not observed. I have had a patient placed in bed in less than three minutes after the first incision was made; but in other and very embarrassing cases, it has cost the labor of fifteen minutes to accomplish the same; such is the variety of obstacles to be encountered in executing the operation of lithotomy. As a general remark, the calculus is found immediately at the neck of the bladder, where it is placed by the contraction of that organ succeeding to the operation; consequently it occupies a position favorable to be seized by the forceps. Too often, however, it declines deep towards the concavity of the sacrum, where it becomes more difficult to direct the instruments upon it: and I have known the calculus, in a large, lean subject, thrown forward and upwards and to rest upon the symphysis pubis, where, after some time, and not without difficulty, it was detected with the scoop.

The period of confinement after the operation is very various, and until the recovery is complete it is necessary to bestow particular attention on the general health—a precaution demanded not only with a view to speedy recovery from the wound, but also to maintain the union of the parts after it has taken place. A deranged state of the general system, accompanied by fever, is well calculated to excite the absorbents in the line of the incision; and thus by ulcerative absorption re-open the bladder. In consequence of such a state of health, the wound in a gentleman of this city, who was the subject of the operation, was opened by ulcerative absorption, four or five times, in the space of the first four months after the operation. A young man of vigorous constitution and fine health, after recovering from the operation, proposed to return home on foot. After prosecuting his journey seventy miles, he was attacked by fever, from exposure and over exertion, which was soon followed by ulcerative absorption in the wound, so that he was confined a month, before the bladder closed and cicatrized a second time. It is desirable in this, and most other operations, that the wound should close and cicatrize as speedily as possible. Union by adhesion, the first intention of the authors, curtails very much the labor of the surgeon, and adds greatly to the safety and comfort of the patient; nor is the period of confinement a subject of minor consideration. On the contrary, any plan whereby the time necessary to effect a cure may be lessened, will be received

by the profession, and by the sick, in the light of a boon of inestimable price. It will not be disputed that some very rare cases occur, wherein union by the first intention, might, by obstructing the passage of soft calculous material by the wound, expose the patient to a return of the malady. I have seen one case in point, in which a doughy calculus escaped with pain and difficulty through the wound on the tenth day, and again a similar discharge on the fifteenth, after the operation; corresponding with a similar case described by Sir Astley Cooper in his lectures, as occurring under the charge of one of the surgeons of Guy's Hospital. But these cases are so rare that they cannot be urged as objections to the practice of healing the bladder as speedily as possible. The mode of accomplishing this should not be misunderstood. It certainly does not depend upon the keen edge of a smooth cutting instrument; upon any direct correspondence between the extent of the wound and the magnitude of the calculus; nor upon the small number of times the instruments are introduced into the bladder, with a view to extract the stone, so much as upon a prepared state of the general system to institute the healthy process of reparation; upon a bland, digestible, abstemious regimen; upon the position observed during the cure; and upon continued attention to the regular and healthy performance of the various important functions of the body, throughout the whole period of the confinement. Union by the first intention was effected in eight of the whole number of cases of lithotomy that have been under my care. Six of these had but a single calculus each; one had two of considerable size, that required unusual efforts to extricate them, and the remaining case, Parson King, had thirteen. No satisfactory reason can be assigned why many other cases, which, so far as the manifest circumstances are involved, were even more favorable to union by the first intention, have yet had a different termination.

The varieties of action, morbid as well as healthy, are like the physiognomy of man, infinite in kind and manner of expression.—*Transylvania Med. Journal*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 23, 1836.

BOYLSTON PRIZE DISSERTATIONS.*

THIS volume, though purporting to have been published by order of the Massachusetts Medical Society, is very generally understood to be the gift of a distinguished professional gentleman of Boston, by whose uncontrolled liberality every physician in the State will eventually be furnished with a copy.

For more than a fortnight we have been trying to present our readers

* Library of Practical Medicine, published by order of the Massachusetts Medical Society, for the use of its Fellows. Vol. vii. Containing Boylston Prize Dissertations for 1836, by Oliver W. Holmes, M.D.; Robert W. Haxall, M.D.; and Luther V. Bell, M.D. 8vo. p. 268.

with a digest of the three dissertations which are here embodied ; but after all, have abandoned the intention, with a view of republishing, from time to time, the most striking parts of each of them. It will be recollected that the Boylston Medical Committee appeared to have been in a quandary about awarding the prize, but under circumstances quite out of the common course. Three of the writers who contended for the medal, presented claims nearly equal. But we are sensibly impressed with the justice of the committee in representing the claims of the unsuccessful candidates, so strongly, that they not only received a golden testimonial, but were acknowledged to take high rank as profound medical writers.

The first in the series was written by Dr. Luther V. Bell, of Derry, N. H. who rarely undertakes any literary labor that does not bear the impress of a powerful mind ; Dr. Robert W. Haxall was author of the second—both of which, technically, were unsuccessful, but the manner in which they were noticed by the committee, and the reputation they are daily gaining for the writers, wherever circulated, is worth more than the distinction of simply having won the prize in the gift of the University. Next follows the dissertation by Dr. Oliver Wendell Holmes, of Boston, occupying ninety-seven pages. Each one is an admirable production, alike honorable to the author, without derogating from the claims of either. What other journalists may say, we know not ; if the attempt is made to show the superiority of one of these papers to the other, the editor will ultimately find himself involved in extreme perplexity.

Mass. General Hospital.—There were two operations at the hospital on Saturday, the 12th inst.—one for cancer of the lip, the other for cancer of the tongue. The patient with the cancer of the lip was a young man 23 years of age. Eighteen months since he noticed a small pustule on the left side of the lower lip, unattended with pain. This was punctured, and assumed afterwards the indurated state and appearance of a wart. When exposed to cold in the morning, he occasionally experienced a slight tingling sensation at the seat of disease. Two months since, he consulted a "cancer doctor," who applied caustic potass ; and since this application, ulceration has taken place and the disease has increased in extent. At present the ulcerated surface is about an inch in diameter, having a hardened base, extending some distance into the substance of the lip. The operation was performed by Dr. Hayward, in the following manner. The lip being firmly supported on each side, two incisions were made so as to remove a triangular portion of the lip, which included the disease. The cut edges of the lip were then brought nicely together with three ligatures, and the wound dressed with sticking plaster and a bandage.

The second operation was for cancer of the tongue. The patient, a man 50 years of age, a seaman, first perceived, ten weeks since, an indurated spot on the right side of tongue, about half an inch in diameter, attended with some pain and soreness. This soon assumed a dark color, ulcerated and discharged a slough ; since then, has frequently had darting pains in the diseased part, extending up to the ear, and ulceration has rapidly progressed. Three weeks since, an application of creosote was made to the part by his physician, which reduced the fungous growth to the level of the surrounding parts, but at the time was attended with great tumefaction of the organ. The pains have been somewhat relieved

by the application of the scamonium oint. Disease has gone on rapidly increasing, particularly the last two or three days. On examination at present, there is a large ulceration occupying nearly the whole of right side of tongue—the base of disease is indurated and somewhat inflamed. A dark offensive discharge takes place from the surface. It may be worthy of remark that this patient was an inveterate chewer of tobacco.

Dr. Warren performed the operation in the following manner. The diseased mass being firmly seized by a strong pair of double hooks, was drawn as far as possible out of the mouth; the whole was then removed by one sweep of the knife. The lingual artery bled freely, but was at once secured by a ligature. In order to guard against the liability to return of the disease, the operation was terminated by the application of the actual cautery to the whole surface of the wound.

On examination of the parts removed in the two preceding operations, the morbid appearances were those ordinarily presented by cancer when situated on the mucous surfaces. The base of the diseased masses was formed by a conglomeration of enlarged mucous glands. Shooting out from these, in a radiated manner, towards the surface, were numerous white fibrous bands, terminating in the fungous surface of the cancer.

Library of the Medical Sciences.—Part X. which completes the articles under A, due at Boston in September, came to hand last Wednesday. It is very surprising that it takes longer to get a book from Philadelphia, than to make a voyage to Europe. Vexed as we are with such delay, it would be extremely unjust to withhold the meed of praise to which this excellent publication is entitled. It must be sustained. Those who have been waiting to ascertain its character, can no longer excuse themselves for not extending their patronage to a national work of great practical value.

Boylston Medical Society.—This Society held its annual meeting on Monday evening, Nov. 7th. Dr. Bowditch, the President, delivered the annual address, the subject of which was, "The Duties and Studies of the young Medical Man." It was highly interesting, and reflected great credit upon its author.

The officers of the Society for the ensuing year, are—H. I. Bowditch, M.D. *President*; J. M. Warren, M.D. *Vice President*; B. H. West, A.B. *Treasurer*; B. B. Appleton, Jr. A.B. *Secretary*.

TO CORRESPONDENTS.—The communications of Drs. Fish and Jewett, and of "Cruden," will appear next week.

DIED.—At Norton, Mass. Dr. Samuel Morey, a surgeon of the revolution, aged 79.—At Wilmington, Del. Dr. John L. Morris, by suicide.

Whole number of deaths in Boston for the week ending November 19, 37. Males, 18—females, 19. Infantile, 4—dysentery, 2—dropsy on the brain, 1—old age, 3—typhus fever, 4—inflammation bowels, 2—consumption, 6—disease of the head, 1—smallpox, 1—suffocation, 1—lung fever, 4—decline, 2—bowel complaint, 1—teething, 1—accidental, 1.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry by DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica - - - - - " DR. WARE.
On the Principles and Practice of Surgery - - - - - " DR. OTIS.
On Anatomy - - - - - " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Jan 20—1yep

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.
Boston, Oct. 7, 1836. tf—Oct. 19

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.; JOSEPH BALCH, Jr. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn.
Oct. 5—6m

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at BOWDOIN COLLEGE will commence on Monday, the 20th day of February, 1837.

Anatomy and Surgery, by JEREDIAH COBB, M.D.

Theory and Practice of Physic, by HENRY H. CHILDS, M.D.

Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Oct. 1836.

5t—Nov. 23.

P. CLEVELAND, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Order from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.